DAT	E	APP REC	C'D		_ CHECK =	#	
DAT	E	PERMIT	ISSUED_			PERMIT	#
			(FOR	BOARD	USE	ONLY)	



**CANNON BUILDING** 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

## STATE OF DELAWARE TELEPHONE: (302) 744-4500 **DEPARTMENT OF STATE DIVISION OF PROFESSIONAL REGULATION**

FAX: (302) 739-2711 WEBSITE: WWW.DPR.DELAWARE.GOV

## **BOARD OF PHARMACY APPLICATION FOR DISTRIBUTOR PERMIT**

This application must be accompanied with a non-refundable processing fee. Please refer to the Fee Schedule at www.dpr.delaware.gov for the correct fee.

To distribute on a wholesale basis, drugs, medicines, toilet articles, dentifrices, and cosmetics.

The UNDERSIGNED hereby makes application for permit to distribute on a wholesale basis, drugs, medicines, toilet articles, dentifrices, and cosmetics pursuant to 24 Del. C. §§2541(B) and 2542 which basically states that persons who distribute the above items to persons other than the ultimate consumer are required to register with the State Board of Pharmacy. According to 24 Del. C. §2543, permits are not transferable and expire on the last day of September biennially, even years. Separate applications shall be made and separate permits issued for each separate place of distribution.

Shan be made and coparate permite today to cash object to place of alcoholation.						
Section 1.	Name and address:	Phone No. Email				
Section 2.	Name of State in which the business was established:					
Section 3.	Have you conducted a similar business in any other State:	If so, give dates and location?				
Section 4.	If corporation, give date of charter and names of principal	officers:				
Section 5.	By what State was charter granted?					
Section 6.	If partnership, give names of all active partners:					
Section 7.	If individually owned, give name and address of owner:					
Section 8.	Does the trading name differ from the name listed in section	on 1? If yes, state name?				
Section 9.	Has corporation or any officers thereof, or any partner, convicted of violations of any State or Federal laws deal other drugs?					

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Subscribed and s		pefore me			
Subcaribed and		ooforo ma		(official title)	
				(signed)	
				filing may be considered abandone before disposing of an abandoned	ea
A <u>complete</u> a <sub>l</sub>	pplication	on is one that include	es all required doc	cumentation and correct payment.	
Please note:	(c) When v	Include copy of regul	-	ow 4-8 weeks to receive your licens	:0
	(b)	Date of last GMP insp		<del></del> _	
	(a)	Registration Number			
Section 13.	If applicable, (repacker, manufacturer) are you registered with the Food and Drug Administration?				
Section 12.	If cont	rolled substances will b	be distributed, give y	your Federal DEA registration number:	
	drugs,		,		
Section 11.	List a	eneral classes of items	distributed. i.e. cos	smetics, otc, prescription drugs, contr	olled
Section 10.	registr		o dispense, distribu	rs or any partner been denied a lice ute, manufacture or repackage the prod	